

FAMILY FOSTER HOME LICENSE APPLICATION

Foster Parent's Full Name (First, Middle, Last) _____

Foster Parent's Full Name (First, Maiden, Last) _____

Foster Mother's Previous Married Names: _____

1. CRIMINAL HISTORY CHECK (10A NCAC 70E .0511)

Local Court Record Checked by agency staff	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Date: _____	Results: _____			
Dept. of Corrections Offender Information Checked	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
May be found on www.doc.state.nc.us/offenders				
Date: _____	Results: _____			
Neglect or Abuse Reported	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Substantiated	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
References Checked	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
	<input type="checkbox"/>	Favorable	<input type="checkbox"/>	Unfavorable

Mailing address, if different than home address: _____

(CHECK 'YES' OR 'NO' AND BRIEFLY DISCUSS WHEN INDICATED)

2. FAMILY FOSTER HOME QUALIFICATIONS (10A NCAC 70E .0302):

Applicants' Own Children in home - (**First, Middle, and Last Names**)

Name	Age	Sex	Education
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Others in Household (include relatives, non-related boarders, in- home day care children, etc.)

Note: for determining the maximum number of children in the home, count the maximum capacity listed on the actual In- Home Day care license Document, not just the number of children in day care.

(**First, Middle, and Last Names**)

Name	Age	Sex	Relationship to Family
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Foster Children Presently in Home (including relatives in agency custody, child in custody of out-of-state agency)

(Indicate with an asterick (*) children placed for therapeutic services) Indicate if relative placement or court ordered placement. Any other placement is illegal.

Name	Age	Sex	Education	Date of Placement
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Applicant's Own Children Not in Home (**First, Middle and Last Names prior to marriage**)

Name	Age	Sex	Address (City/State)
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(ANSWERS TO THE FOLLOWING QUESTIONS SHOULD RELATE TO OWN CHILDREN, RELATIVE AND/OR FOSTER CHILDREN. IF THERE HAS BEEN NO PARENTING EXPERIENCE, ANSWERS SHOULD REFLECT APPLICANTS' RESPONSES DURING DISCUSSION OF THESE TOPICS.)

3. CLIENT RIGHTS AND CARE OF CHILDREN (10A NCAC 70E .0401):

- a. The foster parents agree to ensure that each foster child: ☐ YES ☐ NO
- (1) has clothing to wear that is appropriate to the weather;
 - (2) is allowed to have personal property;
 - (3) is encouraged to express opinions on issues concerning care;
 - (4) is provided care in a manner that recognizes variations in cultural values and traditions;
 - (5) is provided the opportunity for spiritual development and is not denied the right to practice religious beliefs;
 - (6) is not identified in connection with the agency in any way that would bring the child or the child's family embarrassment;
 - (7) is not forced to acknowledge dependency on or gratitude to the parents;
 - (8) is encouraged to contact and have telephone conversations with family members, when not contraindicated in the child's treatment or service plan;
 - (9) is provided training that is appropriate for the child's age, intelligence, emotional makeup and past experience;
 - (10) is not subjected to cruel, severe, or unusual punishment;
 - (11) is not subjected to corporal punishment;
 - (12) is not deprived of a meal or contacts with family for punishment or placed in isolation time-out except when isolation time-out means the removal of a child to a separate unlocked room or area from which the child is not physically prevented from leaving. The foster parent may use isolation time-out as a behavioral control measure when the foster parent provides it within hearing distance and sight of a foster parent. The length of time alone shall be appropriate to the child's age and development;
 - (13) is not subjected to verbal abuse, threats, or humiliating remarks about themselves or their families;
 - (14) is provided a daily routine in the home that promotes good mental health and provides an opportunity for normal activities with time for rest and play;
 - (15) is provided training in good health habits, including proper eating, frequent bathing and good grooming. Each child shall be provided food with appropriate nutritional content for normal growth and health. Any diets recommended by a physician must be provided;
 - (16) is provided medical care in accordance with the treatment prescribed for the child;
 - (17) of mandatory school age maintains regular school attendance unless the child has been officially excused by the proper authorities ;
 - (18) is encouraged to participate in neighborhood and group activities, to have friends visit the home and to visit in the homes of friends;
 - (19) assumes some responsibility for himself and household duties in accordance with his age, health and ability. Household tasks shall not interfere with school, sleep, play or study periods;
 - (20) is not permitted to do any task which is in violation of child labor laws or not appropriate for a child of that age;
 - (21) is provided supervision in accordance with the child's age, intelligence, emotional makeup and past experience; and
 - (22) if less than eight years of age or less than 80lbs., is properly secured in a child passenger restraint system which is of a type and which is installed in a manner approved by the Commissioner of Motor Vehicles.

- (b) Foster parents agree to be responsible for the following regarding medication: ☐ YES ☐ NO
- (1) Medication administration:
- (A) retain the manufacturer's label with expiration dates clearly visible on non-prescription drug containers not dispensed by a pharmacist;
 - (B) administer prescription drugs to a child only on the written order of a person authorized by law to prescribe drugs;
 - (C) allow prescription medications to be self-administered by children only when authorized in writing by the child's physician. When a child is taking prescription medications, allowing non-prescription medications to be self-administered by a child only when authorized in writing by the child's physician;
 - (D) allow non-prescription medications to be administered to a child, not on prescription medication, with the authorization of the legal custodian;
 - (E) allow medications, including injections, to be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications;
 - (F) immediately record after administration in a Medication Administration Record (MAR) all drugs administered to, discontinued, and disposed of regarding each child and document medications at the times of discontinuation or disposal. The MAR is to include the following:
 - (i) child's name;
 - (ii) name, strength, and quantity of the drug;
 - (iii) instructions for administering the drug;
 - (iv) date and time the drug is administered; discontinued or disposed of;
 - (v) name or initials of person administering or disposing of the drug;
 - (vi) child requests for medication changes or checks; and
 - (vii) child's refusal of any drug; and
 - (G) follow up child requests for medication changes or checks with an appointment or consultation with a physician.
- (2) Medication disposal: Return controlled substances to the agency;
- (3) Medication Storage:
- (A) store medications in a securely locked cabinet in a clean, well-lighted, ventilated room between 59° and 86° F.;
 - (B) if required, store medications in a refrigerator, between 36° and 46° F. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;
 - (C) store prescription medication separately for each child; and
 - (D) if approved by a physician for a child to self-administer medication, then store in a manner that it is inaccessible to non-approved children.
- (4) Medication review:
- (A) If the child receives psychotropic drugs, coordinate the review by the child's physician of each child's drug regimen at least every six months;
 - (B) report the findings of the drug regimen review to the agency; and
 - (C) document the drug review in the MAR along with corrective action, if applicable.
- (5) Medication errors:
- (A) report drug administration errors or significant adverse drug reactions immediately to a physician or pharmacist. An adverse drug reaction is significant based on its severity, frequency, magnitude or duration, and
 - (B) document the drug administered and the drug reaction in the MAR.
- (c) Foster parents who utilize physical restraint holds agree to not engage in discipline or behavior management, which includes: ☐ YES ☐ NO ☐ NA
- (1) Mechanical restraints;
 - (2) Drug used as a restraint, except as outlined in Paragraph (d) of this Rule;
 - (3) Seclusion of a child in a locked room; or
 - (4) Physical restraint holds except when the physical restraint hold of a child is physically holding a child who is at imminent risk of harm to himself or others until the child is calm.
- (d) Foster parents agree that drug used as a restraint means a medication used to control behavior or to restrict a child's freedom of movement and is not a standard treatment for the child's medical or psychiatric condition. A drug used

as a restraint shall be employed only if required to treat a medical condition. It shall not be employed for the purpose of punishment, foster parent convenience or as a substitute for adequate supervision. ☐ YES

☐ NO

☐ NA

- (e) Foster parents agree that only foster parents trained in the use of physical restraint holds shall administer physical restraint holds. No child or group of children shall be allowed to participate in the physical restraint of another child. The following shall apply. ☐ YES ☐ NO ☐ NA

(1) Before employing a physical restraint hold, the foster parent shall take into consideration the child's medical condition and any medications the child may be taking.

(2) No child shall be physically restrained utilizing a protective or mechanical device.

(3) Physical restraint holds shall:

(A) not be used for purposes of discipline or convenience;

(B) only be used when there is imminent risk of harm to the child or others and less restrictive approaches have failed;

(C) be administered in the least restrictive manner possible to protect the child or others from imminent risk of harm; and

(D) end when the child becomes calm.

(4) The foster parent agrees to:

(A) Ensure that any physical restraint hold utilized on a child is administered by a trained foster parent with a second foster parent in attendance. ☐ YES ☐ NO ☐ NA

Concurrent with the administration of a physical restraint hold and for a minimum of 15 minutes subsequent to the termination of the hold, a foster parent agrees to:

(i) monitor the child's breathing;

(ii) ascertain that the child is verbally responsive and motorically in control; and

(iii) ensure that the child remains conscious without any complaints of pain.

☐ YES ☐ NO

☐ NA

If at any time during the administration of a physical restraint hold the child complains of being unable to breathe or loses motor control, the foster parent administering the physical restraint hold agrees to immediately terminate the hold or adjust the position to ensure that the child's breathing and motor control are not restricted.

☐ YES ☐ NO

☐ NA

If at any time the child appears to be in distress, the foster parent agrees to immediately seek medical attention for the child. ☐ YES ☐ NO ☐ NA

Following the use of a physical restraint hold, the foster parent agrees to conduct an interview with the child about the incident, and the foster parent administering the physical restraint hold understands that they will be interviewed about the incident by the agency. ☐ YES ☐ NO

☐ NA

(B) Document each incident of a child being subjected to a physical restraint hold on an incident report. This report shall include: ☐ YES ☐ NO ☐ NA

(i) the child's name, age, height and weight;

(ii) the type of hold utilized;

(iii) the duration of the hold;

(iv) the parent administering the hold;

(v) the parent witnessing the hold;

(vi) less restrictive alternatives that were attempted prior to utilizing physical restraint;

(vii) the child's behavior which necessitated the use of physical restraint; and

(viii) whether the child's condition necessitated medical attention.

4. CRITERIA FOR THE FOSTER FAMILY (10A NCAC 70E .0402):

a. Applicants are persons whose behaviors, circumstances and health are conducive to the safety and well-being of children. ☐ YES ☐ NO

b. If previously licensed through another agency, was the agency contacted? ☐ YES ☐ NO

Name of agency contacted: _____

- c. Applicants are in good health: ☐ YES ☐ NO
(Describe any medical problem and indicate how it might impact on the provision of foster care. Include applicant's comments about any problem listed on medical form.) Attach report and include TB skin test results.
- d. Applicants are agency employees, Social Services Board members, County Commissioners, supervising agency or members of the a supervising agency board of directors.
☐ YES ☐ NO
If yes, include agency position statement concerning conflict of interest question; i.e., that licensure does not constitute a conflict of interest regarding supervision of children. Include organizational charts and copies of agency policies and procedures that assure that the foster parent(s) are not placed in a conflict of interest with the supervising agency.
- e. Applicants have completed 30 hours of preservice training that meets requirements. Please list date training was completed. ___/___/___
☐ YES ☐ NO
- f. Foster parents agree to provide day care and baby sitting services in the family foster home only with prior approval from the agency and to meet the guidelines regarding capacity. ("Not applicable" is not an acceptable response to this question. If the agency has a policy prohibiting day care and baby sitting, a "yes" reply is needed to assure that that the applicant family agrees to abide with this local policy)
☐ YES ☐ NO
- g. Relationship to Responsible Agency. Foster parents agree to work constructively with the agency in the following ways:
- (1) Work with the child and the child's birth family, when appropriate: in the placement process, reunification process, adoption process, or replacement process; ☐ YES ☐ NO
 - (2) Consult with social workers, mental health personnel and physicians and other authorized persons who are involved with the child; ☐ YES ☐ NO
 - (3) Maintain confidentiality regarding children and their birth parent(s); ☐ YES ☐ NO
 - (4) Keep records regarding the child's illnesses, behavior, social needs, school, family visits, etc.; and ☐ YES ☐ NO
 - (5) Report immediately to the agency any changes as required by the Foster Parent Agreement.
☐ YES ☐ NO
 - (6) Obtain a minimum of 10 hours of inservice training each year. ☐ YES ☐ NO
 - (7) Obtain required documentation for relicensing 90 days prior to expiration of license.
☐ YES ☐ NO
- (h) In addition, the foster parents who provide behavioral mental health treatment services agree to:
If application is to be licensed as therapeutic, all items must be marked "yes":
- (1) be trained to work with children who have mental health developmental disability or substance abuse needs in accordance with 10 NCAC 41F .0814 (c); ☐ YES ☐ NO ☐ NA
 - (2) provide for children with intensive living, social, therapeutic and skill learning needs; and
☐ YES ☐ NO ☐ NA
 - (3) accept weekly supervision and support from a professional as defined in 10NCAC14V .0203.
☐ YES ☐ NO ☐ NA

5. MUTUAL HOME ASSESSMENT (10A NCAC 70E .0101, 70E .0202, 70E .0103, 70E .0512)

A Mutual Home Assessment is attached which includes: ☐ YES ☐ NO

- (1) A family history; (composed by the licensing professional)
Please include narrative of applicants' parents and siblings, family support systems, losses, and coping mechanisms.
- (2) Documentation of how you know that the applicants have mastered each of the areas listed below:
1. ability to assess individual and family strengths and needs and build on strengths and meet needs;
 2. ability to use and develop effective communication skills;
 3. ability to identify the strengths and needs of children placed in the home;
 4. ability to build on children's strengths and meet the needs of children placed in the home;
 5. ability to develop partnerships with children placed in the home, birth families, the agency and the community to develop and carry out plans for permanency;
 6. ability to help children placed in the home develop skills to manage loss and skills to form attachments;
 7. ability to help children placed in the home manage their behaviors;
 8. ability to help children placed in the home maintain and develop relationships that will keep them connected to their pasts;
 9. ability to help children placed in the home build on positive self-concept and positive family, cultural and racial identity;
 10. ability to provide a safe and healthy environment for children placed in the home which keeps them free from harm;
 11. ability to assess the ways in which providing foster or therapeutic care affects the family, including applicants work histories and explanation of income management; and
 12. ability to make an informed decision regarding providing foster or therapeutic care.
- (3) The dates and locations of contacts with each family or household member.

6. PHYSICAL FACILITY (10A NCAC 70E .0403):

- a. Discussion was held regarding home's compliance with the North Carolina State Building Code in effect at the time the home was constructed or last renovated. If a mobile home, discussion was held regarding compliance with requirements of the Federal Manufactured Home Construction and Safety Standards. ☐ YES ☐ NO

(Comment on any substandard components, hazards, or any recommendations made in Fire Safety Report.) Copy of report attached. ☐ YES ☐ NO

- b. Discussion was held regarding water quality and sanitation ☐ YES ☐ NO

(Comment on any items on DSS-5150, Environmental Conditions Checklist, which were not approved.) Copy of checklist attached. ☐ YES ☐ NO

- c. Briefly describe house, kitchen and dining areas, family or living areas and bathing facilities, and the setting in which the house is located. If the house has access to any attractive items that may be dangerous, such as swimming pools, trampolines, etc, please detail how these attractive items are secured from misuse by children. If the home is located within easy access of water (ocean, lake, river, stream, etc) describe how children will be provided play areas without having unsupervised access to such water areas.

- d. Home's design allows children privacy while bathing, dressing and using toilet facilities.
☐ YES ☐ NO

- e. Indicate sleeping arrangements for all members of the household including prospective and current foster children, giving sizes/ types of beds for children (Twin, Queen, King, Bunk). Describe only beds and sleeping spaces that are in place and available as of the date of this application.

SIZE	OCCUPANT(S)
1.	
2.	
3.	
4.	
5.	

- f. Each bed is provided with comfortable, supported mattress, two sheets, blanket and bedspread.
☐ YES ☐ NO

7. OTHER (10A NCAC 70E .0106, 70E .0202, 70E .0104, 70E .0103):

- a. Foster Parent Agreement signed and copy given to applicants. ☐ YES ☐ NO
- b. Discipline Agreement signed and copy given to applicants. ☐ YES ☐ NO
- c. Agency Foster Parent Handbook with information on services, policies, procedures, standards and expectations has been read by applicants and discussed with applicants. ☐ YES ☐ NO
- d. References have been obtained on all adult family members. ☐ YES ☐ NO
- e. Waiver of a licensing rule is being requested: ☐ YES ☐ NO
 Copy of waiver request including details of the situation and justification for waiver attached.
☐ YES ☐ NO
- f. Recommendation for licensure including statement regarding agency's plan for supporting the family when placements occur.

I have reviewed and am in agreement with the above information, declare that it is true and accurate, and understand that according to G. S. 132-1 this information may be furnished to others upon proper request.

Must be signed by all applicable for license to be approved.

 Applicant's Signature

 Applicant's Signature

 Print Applicant's Name

 Print Applicant's Name

 Social Worker Signature

 Signature of Agency Head

 Print Social Worker's Name and telephone number

 Print Agency Head's Name

 Date

 Date